



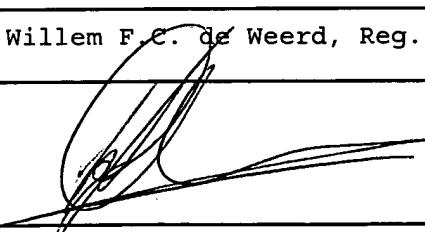
TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Complete if Known	
Application Number	10/049,634
Filing Date	February 25, 2002
First Named Inventor	Viktor Magdolen
Examiner Name	S. Kumar
Group Art Unit	1621
Total Number of Pages in This Submission	Attorney Docket Number 2923.475

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment and Request for Reconsideration	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Declaration under Rule 312	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Declaration Under Rule 132
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	REMARKS:	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SUBMITTED BY		Complete (if applicable)		
NAME AND REG. NUMBER	Willem F.C. de Weerd, Reg. No. 51,613			
SIGNATURE		DATE	7/15/04	DEPOSIT ACCOUNT USER ID 02-2135